

APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

Title of Invention	NITROGEN HETEROCYCLE BIARYLS FOR OSTEOPOROSIS AND OTHER DISEASES		
Application Type: regular, utility Attorney Docket Number: 1073075A			
Correspondence address: Customer Number: 23405 *23405*			
Continuing Data: This is a Non-Provisional of US application number 60/446,418, filed 2003-02-11.			
Inventors Information: <u>Inventor 1:</u> Applicant Authority Type: Inventor Citizenship: US Given Name: Jeffrey Middle Name: John Family Name: Letourneau City of Residence: East Windsor State of Residence: NJ Country of Residence: US Address-1 of Mailing Address: 6 Bristol Way Address-2 of Mailing Address: City of Mailing Address: East Windsor State of Mailing Address: NJ Postal Code of Mailing Address: 08520 Country of Mailing Address: US Phone: Fax:			

E-mail:

Inventor 2:

Applicant Authority Type: Inventor
Citizenship: US
Given Name: Vidyahar
Family Name: Paradkar
City of Residence: Somerville
State of Residence: NJ
Country of Residence: US
Address-1 of Mailing Address: 3 Pine Ridge Drive
Address-2 of Mailing Address:
City of Mailing Address: Somerville
State of Mailing Address: NJ
Postal Code of Mailing Address: 08876
Country of Mailing Address: US
Phone:
Fax:
E-mail:

Inventor 3:

Applicant Authority Type: Inventor
Citizenship: US
Given Name: Michael
Middle Name: H.J.
Family Name: Ohlmeyer
City of Residence: Plainsboro
State of Residence: NJ
Country of Residence: US
Address-1 of Mailing Address: 6 Beechtree Lane
Address-2 of Mailing Address:
City of Mailing Address: Plainsboro
State of Mailing Address: NJ
Postal Code of Mailing Address: 08636
Country of Mailing Address: US

Phone:

Fax:

E-mail:

Inventor 4:

Applicant Authority Type: Inventor
Citizenship: US
Given Name: Lawrence
Middle Name: W
Family Name: Dillard
City of Residence: Skillman
State of Residence: NJ
Country of Residence: US
Address-1 of Mailing Address: 278 Springhill Road
Address-2 of Mailing Address:
City of Mailing Address: Skillman
State of Mailing Address: NJ
Postal Code of Mailing Address: 08558
Country of Mailing Address: US
Phone:
Fax:
E-mail:

Inventor 5:

Applicant Authority Type: Inventor
Citizenship: US
Given Name: John
Middle Name: J.
Family Name: Baldwin
City of Residence: Gwynedd Valley
State of Residence: PA
Country of Residence: US
Address-1 of Mailing Address: 621 Gypsy Hill Circle
Address-2 of Mailing Address:
City of Mailing Address: Gwynedd Valley

State of Mailing Address: PA
Postal Code of Mailing Address: 19437
Country of Mailing Address: US
Phone:
Fax:
E-mail:

Inventor 6:

Applicant Authority Type: Inventor
Citizenship: US
Given Name: Christopher
Middle Name: Mark
Family Name: Riviello
City of Residence: Morrisville
State of Residence: PA
Country of Residence: US
Address-1 of Mailing Address: 400 Alden Avenue
Address-2 of Mailing Address:
City of Mailing Address: Morrisville
State of Mailing Address: PA
Postal Code of Mailing Address: 19067-4806
Country of Mailing Address: US
Phone:
Fax:
E-mail:

Inventor 7:

Applicant Authority Type: Inventor
Citizenship: US
Given Name: Angela
Family Name: Wong
City of Residence: North Wales
State of Residence: PA
Country of Residence: US
Address-1 of Mailing Address: 7304 Union Court

Address-2 of Mailing Address:**City of Mailing Address:** North Wales**State of Mailing Address:** PA**Postal Code of Mailing Address:** 19454**Country of Mailing Address:** US**Phone:****Fax:****E-mail:****Inventor 8:****Applicant Authority Type:** Inventor**Citizenship:** CN**Given Name:** Yajing**Family Name:** Rong**City of Residence:** Monmouth**State of Residence:** NJ**Country of Residence:** US**Address-1 of Mailing Address:** 17 Foxtail Lane**Address-2 of Mailing Address:****City of Mailing Address:** Monmouth**State of Mailing Address:** NJ**Postal Code of Mailing Address:** 08852**Country of Mailing Address:** US**Phone:****Fax:****E-mail:****Assignee 1:****Organization Name:** Pharmacopeia, Inc.**Address-1 of Mailing Address:** P.O. Box CN 5354**Address-2 of Mailing Address:****City of Mailing Address:** Princeton**State of Mailing Address:** NJ**Postal Code of Mailing Address:** 08543**Country of Mailing Address:** US

Phone:

Fax:

E-mail: